

MULTIPLE INDEPENDENT CLAIMS FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1.	/						61	
2.	/						62	
3.	/						63	
4.	/						64	
5.	/						65	
6.	/						66	
7.	/						67	
8.	/						68	
9.	/						69	
10.	/						70	
11.	/						71	
12.	/						72	
13.							73	
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21.							81	
22.							82	
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29.							89	
30.							90	
31.							91	
32.							92	
33.							93	
34.							94	
35.							95	
36.							96	
37.							97	
38.							98	
39.							99	
40.							100	
41.							TOTAL IND.	
42.							TOTAL DEP.	
43.							TOTAL CLAIMS	
44.								
45.								
46.								
47.								
48.								
49.								
50.								
TOTAL IND.	/							
TOTAL DEP.	/							
TOTAL CLAIMS	/							